CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT** COVER SHEET PG 1 1 ACCOUNT # 2 Total pages filed: (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. MS/MRS/MR М CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received NICKNAME SUFFIX 4 CANDIDATE / 3016 Far West Blvg Ste 117, #198 **OFFICEHOLDER** MAILING Date Hand-deliv **ADDRESS** change of address 5 CANDIDATE/ EXTENSION Date Processed **OFFICEHOLDER** (512) 1019-1559 PHONE Date Imaged MS / MRS / MR CAMPAIGN TREASURER NAME NICKNAME SUFFIX STREET ADDRESS (NO PO BOX PLEASE); CAMPAIGN **TREASURER** St. Thomas, Del Valle, 78617 **ADDRESS** (residence or business) CITY CLERK CAMPAIGN PHONE NUMBER EXTENSION TREASURER PHONE 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (officeholder only) July 15 8th day before election Exceeded \$500 Final report (Attach C/OH - FR) 10 PERIOD COVERED THROUGH **ELECTION TYPE** 11 ELECTION **ELECTION DATE** Primary Special 12 OFFICE 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) **GOTO PAGE 2**

CANDIDATE / OFFICEHOLDER REPORT: **SUPPORT & TOTALS**

M.O. DOX 120/0

FORM C/OH COVER SHEET PG 2

		······································	
14 C/OH NAME TO	dd Phelp	5	5 ACCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAI HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAND ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
:	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL SPECIFIC	COMMITTEE ADDRESS	
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAI S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	1 U :
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 918.23
EXPENDITURE TOTALS	3. TOTAL F	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEM	11ZED \$ 6535,3
	4. TOTAL	POLITICAL EXPENDITURES	\$ 8575.31
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D DRTING PERIOD	SAY \$
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T Y OF THE REPORTING PERIOD	**************************************
18 AFFIDAVIT			
	ANNETTE SU E GOOD. Vy Commission Expl July 02, 2016	is true and correct and includes all	perjury, that the accompanying report information required to be reported by
		Signature of Cana	didate or Officeholder
AFFIX NOTARY STAM	P / SEAL ABOVE		
Sworn to and subs	scribed before	me, by the said Todd Pholps	, this the
28 day	of OCT	, 20 14 , to certify which, witness n	ny hand and seal of office.
Signature of officer admi	nistering oath	Printed name of officer administering oath	DOTOLY Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

				<u> </u>	
The Instruction Guide explains how to complete this form.			1 Total pages Schedule A:		
2 FILER NAME	Todd Phelps		3 ACCOUNT # (E	thics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
10/25	6 Contributor address; City; State; Zip Code		50-	 	
			(If travel outside	t of Texas, complete Schedule T)	
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	·		
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
10/25	Contributor address; City; State; Zip Code		50-	 	
		!	461		
Principal occur	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)	
		amproyor (occ			
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
10/9	Contributor address; City; State; Zip Code		10.3	 	
		:	(If travel outside	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See I		or reads, complete conceder 17	
Date	Full name of contributor 📋 out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)	
10/14	Contributor address; City; State; Zip Code		155-	, 1	
Principal occup	pation / Job title (See Instructions)	Employer (See I	- "	of Texas, complete Schedule T)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)	
10/17	Contributor address: City; State; Zip Code		48.10	, 	
				I of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	ļ	
· · · · · ·		<u> </u>			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

	CAL CONTRIBUTIONS THAN PLEDGES OR LOAN	SCHEDULE A	
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A:
2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$) 8 In-kind contribution description (if applicable)
10/22/12	6 Contributor address; City; State; Zip Code		48.10
9 Principal occup	ation / Job title (See Instructions)	10 Employer (See 1	(If travel outside of Texas, complete Schedule T)
	<u> </u>	, , , , , , , , , , , , , , , , , , ,	
Date	Full name of contributor)	Amount of In-kind contribution contribution (\$) description (if applicable)
10/10/14	Contributor address; City; State; Zip Code		50
			(If travel outside of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See I	nstructions)
Date	Full name of contributor)	Amount of In-kind contribution contribution (\$) description (if applicable)
10/17	Contributor address; City; State; Zip Code	. ,	100-
			l (If travel outside of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See I	nstructions)
Date	Full name of contributor		Amount of In-kind contribution contribution (\$) description (if applicable)
16/22	Contributor address; City; State; Zip Code		11.24
			(If travel outside of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See I	nstructions)
Date	Full name of contributor		Amount of In-kind contribution contribution (\$) description (if applicable)
10/23	Contributor address; City; State; Zip Code		41.99
Principal occup	ation / Job title (See Instructions)	Employer (See I	(If travel outside of Texas, complete Schedule T) nstructions)
If co	ATTACH ADDITIONAL COPIES Contributor is out-of-state PAC, please see instr		-

	CAL CONTRIBUTIONS R THAN PLEDGES OR LOAM	NS	(312) 403-3000	SCHEDULE A
The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	nedule A:
2 FILER NAME			3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:_		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
10/24	6 Contributor address; City; State; Zip Code		103.49	1
				of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor ul-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code	, ,		
			/If travel outside i	 of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I		or rexas, complete Schedule 1)
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		(If travel outside	 of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor Out-of-state PAC (ID#_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
				of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		<i>m</i>	 -
Principal occu	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
·				
lf e	ATTACH ADDITIONAL COPIES O			raquiraments

POLITIC OTHER	SCHEDULE A			
The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A:
2 FILER NAME	Todd Phelps		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
10/10	6 Contributor address; City; State; Zip Code		25.00	
9 Principal occur	pation / Job title (See Instructions)	40 Employer (See I		of Texas, complete Schedule T)
9 Principal occup	Jacon 7 Job title (See Instructions)	10 Employer (See I	instructions)	
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/17	Contributor address; City; State; Zip Code		50.00	
	,			f Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor oul-of-state PAC (ID#_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/15	Contributor address; City: State: Zip Code		100.00	
			(If travel outside	 of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/15	Contributor address; City; State; Zip Code		15.00	
Dringing Congre	estion / Joh title (See Instructions)	Employer (See		 of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	instructions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/7	Contributor address; City; State; Zip Code		50.00	
			(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	Instructions)	· · · ·
lf c	ATTACH ADDITIONAL COPIES Contributor is out-of-state PAC, please see instr			requirements.

PLEDG	ED CONTRIBUTIONS			SCHEDULE B
The	Instruction Guide explains how to complete this	form.	1 Total pages Scho	edule B:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
4 TOTA	AL OF UNITEMIZED PLEDGES:	D D D	⇔ ⇔	\$
5 Date	6 Full-pame of pledgor out-of-state PAC (ID#:)	8 Amount of pledge (\$)	9 In-kind description (if applicable)
10/25	7 Pledgor address; City; State; Zip Code		50.00	
			·	Texas, complete Schedule T)
10 Principal occu	pation / Job title (See Instructions)	11 Employer (See In	nstructions)	
Date	Full name of pledgor out-of-state PAC (ID#:	_)	Amount of pledge (\$)	In-kind description (if applicable)
10/25	Pledgor address; City; State; Zip Code		50.00	
			(If travel outside of	of Texas, complete Schedule T)
Principal occu	pation 7 Job title (See Instructions)	Employer (See Ir	nstructions)	
Date	Full name of pledgor out-of-state-PAC (ID#)	Amount of pledge (\$)	In-kind description (if applicable)
10/9	Pledgor address; City; State; Zip Code		1031	(v. sp.)
			(If travel outside o	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	nstructions)	<u> </u>
Date	Full name of pledgor out-of-state PAC (ID#:)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		(If traval outside a	of Toyon, complete Schoolule T
Principal occu	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of pledgor		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code	. , , , , , , , , , ,	[
			(If travel outside o	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In		
If c	ATTACH ADDITIONAL COPIES Of contributor is out-of-state PAC, please see instru			requirements.

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solicitation/Fundraising Expense Trail Food/Beverage Expense Travel In District Cor Polling Expense Travel Out Of District		Loan Repaymen Transportation E Contributions/Do Candidate/Of OTHER (enter a	t/Reimbursement quipment & Related Expense mations Made By ficeholder/Political Committee category not listed above)
1 Total pages Schedule F:	2 FILER NAME TOLD Phelps		3 ACCOU	NT # (Ethics Commission Filers)
4 Date 10 /9 /14	5 Payee name Dep Detail	4 Images		
6 Amount (\$)	7 Payee address; City; State;	Zip Code		
8 PURPOSE	(a) Category (See categories listed at the top of this	s schedule) (b) Descrip	otion (If travel outside of T	exas, complete Schedule T)
OF EXPENDITURE	office overhead	Che	ck if Austin, TX, officehol	der liv i ng expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office s	ought	Office held
90/9/14	Payee name Austin Parking N	NAEV		
Amount (\$)	Payee address; City; State;	Zip Code		,
2.25		· · · · · · · · · · · · · · · · · · ·		
PURPOSE OF	Category (See categories listed at the top of thi		otion (If travel outside of T	exas, complete Schedule T)
EXPENDITURE	travel in distri	Che	ck if Austin, TX, officehol	der living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office s	ought	Office held
Date 10/14	Payee name NIAWOYK SOLUTIONS			
Amount (\$) 2.99	Payee address; City; State;	Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of the	d elua		Fexas, complete Schedule T)
Complete <u>QNLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office s	ought	Office held
Date (0/14/14	Payee name NHWOYK SULTONS			
Amount (\$) 23,95	Payee address; City; State;	Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of the Office Wewlad	lua		Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit Ca		Office s	ought	Office held
	ATTACH ADDITIONAL COP	IES OF THIS SCHEDULE	AS NEEDED	



Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide	Salaries/Wages/Contra Solicitation/Fundraising Travel In District Travel Out Of District Office Overhead/Rent explains how to con	act Labor L g Expense T C al Expense C	OTHER (enter a catego	nt & Related Expense Made By ler/Political Committee
1 Total pages Schedule F:	2 FILER NAME TOOL PHOLIX				thics Commission Filers)
4 Date 10/14/14	5 Payee name CONSTAIN+ CONTAG				
6 Amount (\$) 3.13	7 Payee address; City; Sta	ate, Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top Office Ollyword	p of this schedule) (b	Mail	f travel outside of Texas, con stin, TX, officeholder living	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought	· · · · · · · · · · · · · · · · · · ·	Office held
Date 10/15/14	Payee name NGWORK SOLUTION	15			
Amount (\$) 12-95	Payee address: City; St	ate: Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top Office overland)		Mail	f travel outside of Texas, con stin, TX, officeholder living	·
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought		Office held
Date 10/15/14	Payee name FLS CONNECT				
Amount (5) 23-56,11	Payee address; City; St	ate: Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	p of this schedule)		f travel outside of Texas, con	dutisha
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought		Office held
9ats /20/14	Payee name NUTWORK SULTI	DNZ			
Amount (\$) 2.99	Payee address; City; St.	ate; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categorics listed at the to Office Olly Nect	p of (nis schedule)	email	If travel outside of Taxas, constitution, TX, officeholder living	
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	· · · · · · · · · · · · · · · · · · ·	Office sought		Office held
	ATTACH ADDITIONAL C	OPIES OF THIS SC	HEDULEASN	IFEDED	



	EXPENDITURE	CATEGORIES	FOR BOX 8(a))	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense	Salaries/Wages/Cor Solicitation/Fundrals Travel In District Travel Out Of Distr Office Overhead/Re	ntract Labor sing Expense ict	Loan Repayment/Reii Transportation Equipm Contributions/Donatio	nent & Related Expense ns Made By older/Political Committee
	The Instruction Guide e		•		gory not nated above,
1 Total pages Schedule F:	Todd Phelps	· · · · · · · · · · · · · · · · · · ·	· 	3 ACCOUNT #	(Ethics Commission Filers)
4 Date 10/21/14	5 Payee name NHWORK SOUTO	15			
6 Amount (\$) 2.99	7 Payee address; City; State	e; Zip Code			;
8 PURPOSE	(a) Category (See categories listed at the top of	of this schedule)	(b) Description	(If travel outside of Texas, o	complete Schedule T)
OF EXPENDITURE	Office overhead		Check if A	Austin, TX, officeholder livi	ng expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name PH		Office sough	nt	Office held
Date 0/2 /	Payee name NHWOK SWHOV Payee address: City; Stat	le: Zip Code			
2-99	Tayee address. City, Stat	e. Zip Code			
PURPOSE OF	Category (See categories listed at the top of	of this schedule)	Description	(If travel outside of Texas, o	complete Schedule T)
EXPENDITURE	office overhead			Austin, TX, officeholder liv	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH		Office sough	nt	Office held
Date 0/24/14	Office Depot				
Amount (\$)	Payee address; City; State	e: Zip Code			
10.27					
PURPOSE	Category (See calegories listed at the top o	of this schedule)	Description	(If travel outside of Texas, o	omplete Schedule T)
OF EXPENDITURE	office overhead		SUMIC Sheck if	> Austin, TX, afficeholder liv	ing avnonce
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sough	· · · · · · · · · · · · · · · · · · ·	Office held
Por/24/14	Payee name OHICL DEOOH				
Amount (\$) US.59	Payee address; City: State	e; Zıp Code			· · · · · ·
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of Office Wellier	of this schedule)	SUPPLIE	(If travel outside of Texas, o	
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH		Office sough	11	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					



	EXPENDITURE C	CATEGORIES F	FOR BOX 8(a)		
Advertising Expense		Salaries/Wages/Co			t/Reimbursement
Accounting/Banking		Solicitation/Fundrais			quipment & Related Expense
Consulting Expense		Travel In District			onations Made By
Event Expense		Travel Out Of Distr	ict	Candidate/O	fficeholder/Political Committee
Fees	Printing Expense	Office Overhead/Re	ental Expense	OTHER (enter a	category not listed above)
	The Instruction Guide e	explains flow to d	omplete this fo	rm.	
1 Total pages Schedule F:	2 FILER NAME TO DE 105			3 ACCOU	NT # (Ethics Commission Filers)
4 Date	5 Payer name				
10/14/14	BODAI VEVA				
6 Amount (\$)	7 Payee adpress: City: State	e. Zip Code			
1250-					
8 PURPOSE	(a) Category (See categories listed at the topio	of this schedule)	(b) Description	(If trave; outside of	Texas, complete Schedule T)
8 PURPOSE :			CHILL	-	
EXPENDITURE	salaries/wages		SWUTT	Cada TV affice	Machine avenas
	9/10/11/07/00/19		Check if A	Austin, TX, officeno	Ider living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH		Office sough	nt	Office held
Date , ,	Payee name			<u> </u>	··
10/20/14	Brooke Holderby				
Amount (\$)	Payee address: City: Stat	te: Zip Code			
40-					
	Category (See categories listed at the top of	of rais schedule)	Description	(If travel outside of	Texas, complete Schedule †)
PURPOSE OF		3. 11. 2 20.1203.07	CHACL	(,
EXPENDITURE	Galaries/wages		Jum		
	MINNES/WES		Check if	Austin, TX, officeho	elder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH		Office sough	ht	Office held
P	Payee name				
Date 120 /11	1 1 10 000 0 00				
1016/19	NICHOLL CAVUA				
Amount (\$)	Payee address; U City: Stat	ite; Zip Code			
150-					
<u> 420</u>		-	,	·	<u> </u>
	Category (See categories listed at the top-	of inis schedule)	Description) (If travel outside of	Texas, complete Schodule T)
PURPOSE	2 11 - 21 / 11 - 25		chaff	•	
OF EXPENDITURE	- Galaries/Waces		Checkif	Austin, TX, officeh	older living expense
EXPENDITORE	200		<u> </u>		
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name OH		Office soug	int	Office held
	David name				
Date	Payee name				
Amount (\$)	Payee address: City: Sta	ate; Zip Code			
				<u> </u>	(#
	Category (See categories listed at the top	p of this schedule)	Descriptio	n (If travel outside o	f Texas, complete Schedule T)
PURPOSE					
OF EXPENDITURE			Checki	fAustin, TX, officer	older living expense
EXI ENDITORE	<u> </u>		J		Office held
Complete ONLY if direct			Office soug	Jiil.	Office rigid
expenditure to benefit C	ион				
	ATTACH ADDITIONAL C	ODIES OF THIS	SCHEDULE AS	SNEEDED	
	AT IAUTI ADDITIONAL C	OFILS OF ITIS	201152055 71		



Advertising Expense	· · · · · · · · · · · · · · · · · · ·	Sataries/Wages/Contra	ict Labor	Loan Repayment/Reimb	
Accounting/Banking Consulting Expense	-	Solicitation/Fundraising Fravel In District	•	Transportation Equipme	
Event Expense	G ,	Fravel Out Of District	•	Contributions/Donations Candidate/Officehold	Made By ler/Political Committee
Fees	Printing Expense	Office Overhead/Renta	al Expense	OTHER (enter a catego	ry not listed above)
	The Instruction Guide e	xplains how to com	iplete this for	m.	
1 Total pages Schedule F:	Toda Phelps			3 ACCOUNT # (E	thics Commission Filers)
4 Date 10/22/14	5 Payee pame Stymun				
6 Amount (\$)	7 Payee address: City; State	: Zip Code			
€W−					
8 PURPOSE	(a) Category (See categories listed at the top of	inis schedule) (b)	Description (If travel outside of Texas, con	nplete Schedule T)
OF EXPENDITURE	advertising expens	se s	Checkif AL	ustin, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought	i	Office held
Date , .	Payee name				
10/24/14	USDS				
Amount (\$)	Payee address: City: State	e: Zip Code			
15.40					
PURPOSE	Category (See categories listed at the top of	this scheaule)		If yavel outside of Texas, con	nplete Schedule T)
OF EXPENDITURE	office overhead	P	Stuge	ustin, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought		Office held
Date ,	Payee name				
10/27/14	FLS Connect				
Amount (\$)	Payee address; City: State	zip Code			
2083.10					:
PURPOSE	Category (See categories listed at the top of	(this schedule)	Description	If travel outside of Texas, con	polete Schedule T)
OF EXPENDITURE	advertising expen	se	CheckitA	ustin, TX, officoholder living	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name H		Office sought		Office held
Date	Payee name				
10/7/14	Broke Holdery				
Amount (\$)	Payee address; City: State	e: Zip Code			
50-					
PURPOSE	Category (See categories listed at the top of	of this schedule)	Description	(If travel outside of Texas, con	mpleté Schedule T)
OF EXPENDITURE	salaries/wages		CMM/W	ign Staff usin, TX, officeholder living	gexpense
Complete ONLY if direct expenditure to benefit Cr	Candidate / Officeholder hame OH		Office sought	l	Office held
	ATTACH ADDITIONAL CO	PIES OF THIS SCI	HEDULE AS I	NEEDED	



					
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Solicitation/Fundraising Expense Training Expense Travel In District Conse Travel Out Of District (Loan Repayment/Rein Transportation Equipm Contributions/Donation Candidate/Officeho OTHER (enter a categ	ent & Related Expense s Made By der/Political Committee
1 Total pages Schedule F:	Todd Phelips	<u>-</u>			Ethics Commission Filers)
4 Date	5 Payee name Solvey VIVIV				
6 Amount (\$)	7 Payee addyess: City: Sta	ite; Zip Code			
1000		·		••	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top SMWICSWAGES	of this schedule)	Staff	(If travel outside of Texas, co Austin, TX, officeholder livin	
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	1	Office sough		Office held
Date \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Payee name Coulon				
435—	Payee address.U City; Sta	ite; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)	Stuff	(If Iravel outside of Texas, co	
Complete <u>QNLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sough	nt	Office held
Date 10/9/14	Payee name Brooke Hulderla				
207.50	Payee address: City; Sta	te: Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule;	staff	iff travel outside of Texas, co	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sough	Austin, TX, otficeholder livii ht	Office held
10/17/14	Payee name (MILL COOM)				
Amount (\$) 431.50	Payee address; City: Sta	ite: Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)	Staff	1. (If travel outside of Texas, co	•
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH		Office sough	ht	Office held
	ATTACH ADDITIONAL C	OPIES OF THIS S	CHEDULE AS	NEEDED	

